

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Day Care

SERFF Tr Num: PHLX-125232031 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: AR-PC-07-025442

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR0028802R01

State Status:

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: SPI PhiladelphiaIndemnity

Disposition Date: 07-17-2007

Date Submitted: 07-12-2007

Disposition Status: Filed

Effective Date Requested (New): 08-15-2007

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: Day Care

Status of Filing in Domicile:

Project Number: GL AR0028802R01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-17-2007

State Status Changed: 07-12-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Philadelphia Indemnity Insurance Company is introducing a new general liability enhancement endorsement which we plan to use on risks with day care exposures. This endorsement modifies the Insurance Service Office Commercial General Liability Coverage Form CG 00 01. This filing contains the manual rating rule page for your review.

1) General Liability Deluxe Endorsement: Day Care Organization: Form # PI-GLD-DY (07/07)

This is an optional endorsement that provides enhanced coverages as listed in the schedule with the applicable limit of insurance for risks with day care exposures.

The charge for this endorsement is 10% of the total General Liability Premises-Operations premium. This premium charge was recently filed for our Schools GL Deluxe Endorsement PI-GLD-VS filed under SERFF Tracking # PHLX-125184932 your department # AR-PC-07-024743. This endorsement provides similar coverage as the school General Liability Deluxe but with some changes for day care centers and therefore uses the same rating.

Company and Contact

Filing Contact Information

Diane Quarles, Compliance Analyst

One Bala Plaza

(610) 617-7751 [Phone]

Bala Cynwyd, PA 19004

(866) 478-1433[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company

CoCode: 18058

State of Domicile: Pennsylvania

One Bala Plaza

Group Code: 677

Company Type:

Suite 100

Bala Cynwyd, PA 19004

Group Name: Philadelphia
Insurance Companies

State ID Number:

(610) 617-7900 ext. [Phone]

FEIN Number: 231738402

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation:

Per Company: No

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	07-17-2007	07-17-2007

Disposition

Disposition Date: 07-17-2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Philadelphia Indemnity Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Item Type	Item Name	Item Status	Public Access
Supporting Document	letter	Filed	Yes
Supporting Document	AR - NAIC P&C TRANSMITTAL DOCUMENT, AR - NAIC RATE RULE FILING SCHEDULE	Filed	Yes
Supporting Document	AR - RATE FILING ABSTRACT RF-1	Filed	Yes
Rate	General Liability Deluxe page	Filed	Yes

Rate Information

Rate data applies to filing.

Filing Method:

File and Use

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Philadelphia Indemnity Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	General Liability Deluxe page	DY-GLD-RU-CWNew		DY-GLD-RU-CW.PDF

**Philadelphia Indemnity Insurance Company
Day Care
General Liability**

The following General Liability Endorsement is available for risks with day care exposures.

1. General Liability Deluxe Endorsement: Day Care Organization

- a. Description: This is an optional endorsement that provides enhanced coverages as listed in the endorsement schedule with the applicable limit of insurance.
- b. Form: PI-GLD-DY
- c. Premium Determination: The charge for this endorsement is 10% of the total General Liability Premises-Operations premium.

Supporting Document Schedules

Satisfied -Name:	letter	Review Status:	
Comments:		Filed	07-17-2007
Attachment:			
letter.PDF			
Satisfied -Name:	AR - NAIC P&C TRANSMITTAL DOCUMENT, AR - NAIC RATE RULE FILING SCHEDULE	Review Status:	
Comments:		Filed	07-17-2007
Attachments:			
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			
AR - NAIC RATE RULE FILING SCHEDULE.PDF			
Satisfied -Name:	AR - RATE FILING ABSTRACT RF-1	Review Status:	
Comments:		Filed	07-17-2007
Attachment:			
AR - RATE FILING ABSTRACT RF-1.PDF			

Philadelphia Insurance Companies
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610-617-7900 Fax: 610-617-7600

July 12, 2007

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Subject: Philadelphia Indemnity Insurance Company
NAIC# 677-18058 FEIN# 23-1738402
Commercial General Liability Deluxe Endorsements
Rate and Rule Filing
Filing Number: GL AR 0028802R01

Dear Sir or Madam:

Philadelphia Indemnity Insurance Company is introducing a new general liability enhancement endorsement which we plan to use on risks with day care exposures. This endorsement modifies the Insurance Service Office Commercial General Liability Coverage Form CG 00 01. This filing contains the manual rating rule page for your review.

1) General Liability Deluxe Endorsement: Day Care Organization: Form # PI-GLD-DY (07/07)

This is an optional endorsement that provides enhanced coverages as listed in the schedule with the applicable limit of insurance for risks with day care exposures.

The charge for this endorsement is 10% of the total General Liability Premises-Operations premium. This premium charge was recently filed for our Schools GL Deluxe Endorsement PI-GLD-VS filed under SERFF Tracking # PHLX-125184932 your department # AR-PC-07-024743. This endorsement provides similar coverage as the school General Liability Deluxe but with some changes for day care centers and therefore uses the same rating.

We would like to implement this filing to all policies effective on or after August 15, 2007, or as soon as possible after receiving your notice of acceptance. Your acknowledgement and where required approval will be appreciated.

Sincerely,



Diane Quarles
Compliance Analyst
(610) 617-7751 Fax 866-478-1433
quarlesd@phlyins.com

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #			
Philadelphia Insurance Companies	0677			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Philadelphia Indemnity Insurance Company	PA	18058	231738402	

5. Company Tracking Number	GL AR0028802R01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Diane Quarles One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Analyst	877-438-7459	866-478-1433	quarlesd@phlyins.com
7. Signature of authorized filer		quarlesd@phlyins.com		
8. Please print name of authorized filer		Diane Quarles		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only			
10. Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Commercial General Liability Deluxe			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	8/15/07	Renewal:	8/15/07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	7/12/07			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR0028802R01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: 41711 Amount: \$100.00 </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	GL AR0028802R01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GL AR0028802F01
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Philadelphia Indemnity Insurance Company	n/a	n/a	n/a	n/a	n/a	n/a	n/a

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)	same as above	
5b.	Overall percentage rate impact for this filing	same as above	
5c.	Effect of Rate Filing – Written premium change for this program	same as above	
5d.	Effect of Rate Filing - Number of policyholders affected	same as above	

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	DY-GLD-RU-CW 07/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	GL AR0028802R01
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	n/a

Company Name		Company NAIC Number	
3.	A. Philadelphia Indemnity Insurance Company	B.	0677-18058

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 17.2 Other Liability - Occurrence Only	B.	17.2001 Commercial General Liability

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
n/a	n/a	n/a	n/a	n/a	n/a	n/a	
TOTAL OVERALL EFFECT							

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. Apply Lost Cost Factors to Future filings? (Y or N)

9. Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

n/a

10. Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):

n/a